

Texas Nonprofit Hospitals *
Part II
Summary of Current Hospital Charity Care Policy and Community Benefits
for Inclusion in DSHS Charity Care Manual as Required

by Texas Health and Safety Code, § 311.0461**

Facility Identification (FID):	4395142	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Texas Health Huguley Hospital Fort Worth
South **County:** Tarrant

Mailing Address: PO Box 6337, Fort Worth, TX 76115

Physical Address if different from above: 11801 South I-35 West, Burleson, Texas 76028

Effective Date of the current policy: 04/01/2014

Date of Scheduled Revision of this policy: 05/01/2015

How often do you revise your charity care policy? Reviewed annually and modified as needed.

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Admissions

Mailing Address: PO Box 6337, Fort Worth, Texas 76115

Contact Person: Sheila Underwood Director of Patient Access

Phone: (817) 551-2783 Fax: (817) 568-3269 E-Mail: Sheila.Underwood@ahss.org

Person completing this form if different from above:

Name

: Kathy McGlothlin

Phone

: (817) 551-2720

* This summary form is to be completed by each **nonprofit** hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2013 Annual Statement of Community Benefits Standard.

** The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

*** The list is also available on DSHS web site: www.dshs.state.tx.us/chs/hosp/.

I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

Texas Health Huguley is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. Texas Health Huguley is dedicated to the view that emergency and other non-elective medically necessary care should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. Texas Health Huguley is committed to providing health care services and acknowledges that in some cases an individual will not be financially able to pay for the services received.

2. Provide the following information regarding your hospital's current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

Non-elective services are defined as a medical condition that without immediate attention: ζ Places the health of the individual in serious jeopardy ζ Causes serious impairment to bodily functions or serious dysfunction to a bodily organ. Patients types assumed to be covered by this definition include: ζ Emergency Department Outpatients ζ Emergency Department Admissions ζ IP/OP follow-up related to previous Emergency visit

b. What percentage of the federal poverty guidelines is financial eligibility based upon?

Check one.

- | | | |
|----------|-------------------------------------|-------------------------|
| 1. <100% | <input checked="" type="checkbox"/> | 4. <200% |
| 2. <133% | | 5. Other, specify _____ |
| 3. <150% | | |

c. Is eligibility based upon net or gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

YES NO IF yes, provide the definition of the term **Medically Indigent**.

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method.

An optional asset means test may also be applied to determine eligibility for financial assistance. An asset test is mandatory for Medicare patients only. An asset test for non-Medicare patients is optional. For the purposes of this policy, the amount of patient responsibility is 100% of the patient portion not to exceed the GREATER of: 1) Seven percent (7%) of Available Assets or 2) Required payment per the Financial Assistance and Self-pay Discount Worksheet for Non-Elective services. ¿Available Assets¿ is defined as cash, cash equivalents and non-retirement investments.

f. Whose income and resources are considered for income and/or assets eligibility determination.

1. Single parent and children
2. Mother, Father and Children
3. All family members
4. All household members
5. Other, please explain _____

g. What is included in your definition of income from the list below? Check all that apply.

- 1. Wages and salaries before deductions
- 2. Self-employment income
- 3. Social security benefits
- 4. Pensions and retirement benefits
- 5. Unemployment compensation
- 6. Strike benefits from union funds
- 7. Worker's compensation
- 8. Veteran's payments
- 9. Public assistance payments
- 10. Training stipends
- 11. Alimony
- 12. Child support
- 13. Military family allotments
- 14. Income from dividends, interest, rents, royalties
- 15. Regular insurance or annuity payments
- 16. Income from estates and trusts
- 17. Support from an absent family member or someone not living in the household
- 18. Lottery winnings
- 19. Other, specify _____

3. Does application for charity care require completion of a form? YES NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

1. By telephone

2. In person

3. Other, please

specify

www.TexasHealthHuguley.org

c. Are charity care application forms available in places other than the hospital?

YES NO If, YES, please provide name and address of the place.

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish Other, please specify

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

1. The hospital independently verifies information with third party evidence (W2, pay stubs)

2. The hospital uses patient self-declaration

3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets? Check all that apply.

1. W2-form

2. Wage and earning statement

3. Pay check remittance

4. Worker's compensation

5. Unemployment compensation determination letters

6. Income tax returns

7. Statement from employer

8. Social security statement of earnings

9. Bank statements

- 10. Copy of checks
- 11. Living expenses
- 12. Long term notes
- 13. Copy of bills
- 14. Mortgage statements
- 15. Document of assets
- 16. Documents of sources of income
- 17. Telephone verification of gross income with the employer
- 18. Proof of participation in govt assistance programs such as Medicaid
- 19. Signed affidavit or attestation by patient
- 20. Veterans benefit statement
- 21. Other, please specify _____

5. When is a patient determined to be a charity care patient? Check all that apply.

- a. At the time of admission
- b. During hospital stay
- c. At discharge
- d. After discharge
- e. Other, please specify _____

6. How much of the bill will your hospital cover under the charity care policy?

- a. 100%
- b. A specified amount/percentage based on the patient's financial situation
- c. A minimum or maximum dollar or percentage amount established by the hospital
- d. Other, please specify _____

7. Is there a charge for processing an application/request for charity care assistance?

YES NO

8. How many days does it take for your hospital to complete the eligibility determination process? 60

9. How long does the eligibility last before the patient will need to reapply? Check one.

- a. Per admission
- b. Less than six months
- c. One year
- d. Other, specify

10. How does the hospital notify the patient about their eligibility for charity care? _____

Check all that apply?

- a. In person
- b. By telephone
- c. By correspondence
- d. Other, specify

11. Are all services provided by your hospital available to charity care patients? _____

YES NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

Outpatient elective services.

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES NO

II. Community Benefits Projects/Activities:

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).

Texas Health Huguley provides a wide range of community outreach and support programs through entity led, partnerships and collaborations to meet the unmet health related needs of the underserved in the community. Examples of outreach initiatives include: ¿Community Health Education »Community CPR training »Family and childbirth education »Nutrition and physical activity ¿Community-Based Clinical Services » Immunizations » Mammograms » Mobile health services » Prostate screenings » Screenings » Ultrasounds ¿Health Care Support Services »Grief recovery support group ¿Social and Environmental Improvement Activities Be Healthy Burleson a well-being initiative for our primary service area. This program targets underserved populations within the community. Partnering with the municipal government and school district, Texas health Huguley has determined areas of community to focus programming. Events and seminars provide education and awareness for different health risk areas such as diabetes, obesity, and physical fitness. The hospital's mobile health unit provides free or low cost preventative screenings opportunities in the community and in partnership with the Be Healthy programs. For a more in depth look at the target population and purposes, please see the Community Health Needs Assessment: Strategic Implementation Plan and Community Health Plan available on our website. <http://www.texashealthhuguley.org/about-us/community-benefit>

Additional Information:

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.

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NOTE: This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: dwayne.collins@dshs.state.tx.us.

Name of Hospital: _____ City: _____
Phone _____
Contact Name: _____ : _____

Suggestions/questions: